

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORMS 870)

RECEIVED NO. 10/28/1988
APPLICANT/ATTY

FILED DATE

270-0629 CLAIMS

	AS FILED		AFTER SEARCHED		AFTER SEARCHED	
	110.	100.	110.	100.	110.	100.
1		1		1		1
2						
3						
4						
5						
6		4		4		
7						
8						
9						
10			1			
11					1	
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47						
48						
49						
50						
TOTAL 110.			1		1	
TOTAL 100.			10		12	
TOTAL 110.						
TOTAL 100.						
TOTAL			13		14	

	110.	100.	110.	100.	110.	100.
61						
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100						
TOTAL 110.						
TOTAL 100.						
TOTAL						